

State of WV Vehicle Log Sheet

Reporting Month:	Year:	Department:	Unit:	License Plate#:	Last 6 of VIN:
Vehicle ID #:	Total Monthly Business Miles Driven:		Total Monthly Gallons Purchased:		
Beginning Odometer:	Total Monthly Commuting Miles Driven:		Total Monthly Fuel Purchased:		
Ending Odometer:	Total Monthly Miles Driven:				

Date	Driver's Name <small>PRINT</small>	Driver's Title	Gallons Purchased	Total Fuel Purchased	Odometer at Fueling	Start and End Destination / and Purpose of Trip	Business Miles Driven	Commuting Miles Driven	Total Miles Driven	Vehicle Inspection Checklist Performed (back of sheet)
										REQUIRED
1										
2										
3										
4										
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29										
30										
31										
Totals:										

Date:	Manager's Signature:	
Date:	Agency Fleet Coordinator Signature:	

FLEET VEHICLE WEEKLY INSPECTION CHECKLIST

Last 6 of VIN:	License Plate:	Odometer Reading:		State Inspection Due Date:		
Department/Agency:				Make and Model:		
Month:	Week of / /2025	Week of / /2025	Week of / /2025	Week of / /2025	Week of / /2025	Comments:
X = Satisfactory O = Requires Attention						
VEHICLE INSPECTION:						
PRE-START UP						
Check all fluids (oil, washer, transmission)						
INTERIOR (Start Engine)						
Horn						
Foot Brake / Parking Brake						
Registration / Insurance / Governors Policy						
Heat / Defrost / AC						
Interior Lights						
Upholstery, Loose Objects						
Seatbelts						
WINDOWS/MIRRORS						
Wipers / Washers						
Mirrors / Glass Clean / Clear View						
EXTERIOR						
Head Lights (High / Low)						
Turn Signals (Front / Rear)						
Emergency Flashers						
Tires (Wear, PSI with gauge)						
Spare Tire (Pressure)						
Tail Lights / Back-Up Lights						
Exhaust (Sound/Emmissions)						
Dents / Scratches						
UNDER CARRIAGE						
Obvious Leaking fluids						
Loose / Hanging Objects						
DRIVER'S INITIALS (REQUIRED)						